## MONTHLY BUY OUT RATES FOR ACTIVE EMPLOYEES AND RETIREES EFFECTIVE JULY 1, 2005

	NON-MEDICARE PLANS												
	INDIVIDUAL COVERAGE						FAMILY COVERAGE						
NAME	INDIVIDUAL	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET	FAMILY	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET	
OF	FULL	25% OF	TAX	TAX	PLUS		FULL	25% OF	TAX	TAX	PLUS		
HEALTH PLAN	COST	F/C IND.	(20%)	(5%)	STATE TAX	AMOUNT	COST	F/C FAM.	(20%)	(5%)	STATE TAX	AMOUNT	
Commonwealth Indemnity Community Choice Plan	\$368.69	\$92.17	\$18.43	\$4.61	\$23.04	\$69.13	\$859.45	\$214.86	\$42.97	\$10.74	\$53.71	\$161.15	
Commonwealth Indemnity Plan	598.55	149.64	29.93	7.48	37.41	112.23	1,359.55	339.89	67.98	16.99	84.97	254.92	
Commonwealth Indemnity Plan PLUS	435.47	108.87	21.77	5.44	27.21	81.66	1,010.64	252.66	50.53	12.63	63.16	189.50	
Fallon Community Health Plan-Direct Care	320.07	80.02	16.00	4.00	20.00	60.02	767.55	191.89	38.38	9.59	47.97	143.92	
Fallon Community Health Plan-Select Care	374.91	93.73	18.75	4.69	23.44	70.29	889.31	222.33	44.47	11.12	55.59	166.74	
Harvard Pilgrim Health Care POS	426.15	106.54	21.31	5.33	26.64	79.90	1,030.04	257.51	51.50	12.88	64.38	193.13	
Health New England	336.55	84.14	16.83	4.21	21.04	63.10	833.61	208.40	41.68	10.42	52.10	156.30	
Navigator by Tufts Health Plan	409.20	102.30	20.46	5.12	25.58	76.72	989.91	247.48	49.50	12.37	61.87	185.61	
Neighborhood Health Plan	328.14	82.04	16.41	4.10	20.51	61.53	868.79	217.20	43.44	10.86	54.30	162.90	

				MEDICARE PLANS											
MEDICARE	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET										
FULL	25% OF	TAX	TAX	PLUS											
COST	F/C MED.	(20%)	(5%)	STATE TAX	AMOUNT										
\$320.44	\$80.11	\$16.02	\$4.01	\$20.03	\$60.08										
217.25	54.31	10.86	2.72	13.58	40.73										
234.49	58.62	11.72	2.93	14.65	43.97										
373.33	93.33	18.67	4.67	23.34	69.99										
289.00	72.25	14.45	3.61	18.06	54.19										
182.26	45.57	9.11	2.28	11.39	34.18										
	\$320.44 217.25 234.49 373.33 289.00 182.26	\$320.44 \$80.11 217.25 54.31 234.49 58.62 373.33 93.33 289.00 72.25 182.26 45.57	COST         F/C MED.         (20%)           \$320.44         \$80.11         \$16.02           217.25         54.31         10.86           234.49         58.62         11.72           373.33         93.33         18.67           289.00         72.25         14.45	COST         F/C MED.         (20%)         (5%)           \$320.44         \$80.11         \$16.02         \$4.01           217.25         54.31         10.86         2.72           234.49         58.62         11.72         2.93           373.33         93.33         18.67         4.67           289.00         72.25         14.45         3.61           182.26         45.57         9.11         2.28	COST         F/C MED.         (20%)         (5%)         STATE TAX           \$320.44         \$80.11         \$16.02         \$4.01         \$20.03           217.25         54.31         10.86         2.72         13.58           234.49         58.62         11.72         2.93         14.65           373.33         93.33         18.67         4.67         23.34           289.00         72.25         14.45         3.61         18.06           182.26         45.57         9.11         2.28         11.39										

Note: The Medicare full cost rates do not include the Medicare Part B premium.